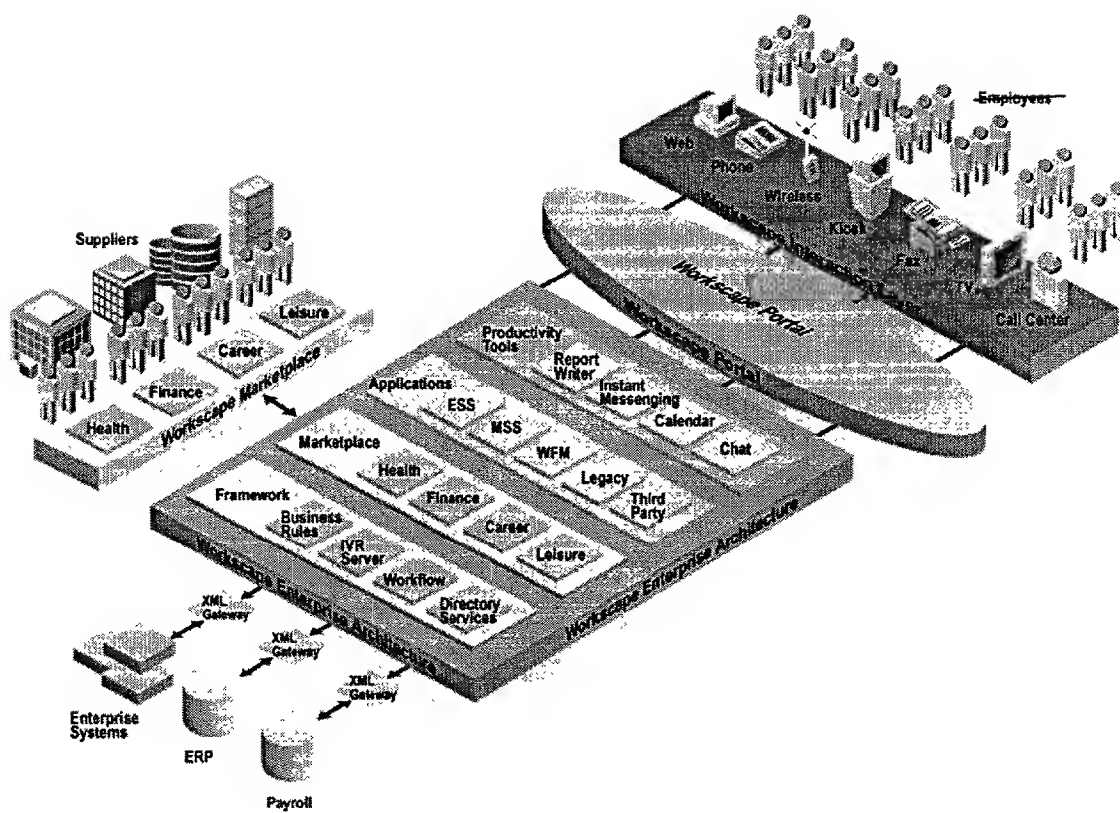


Figure 1



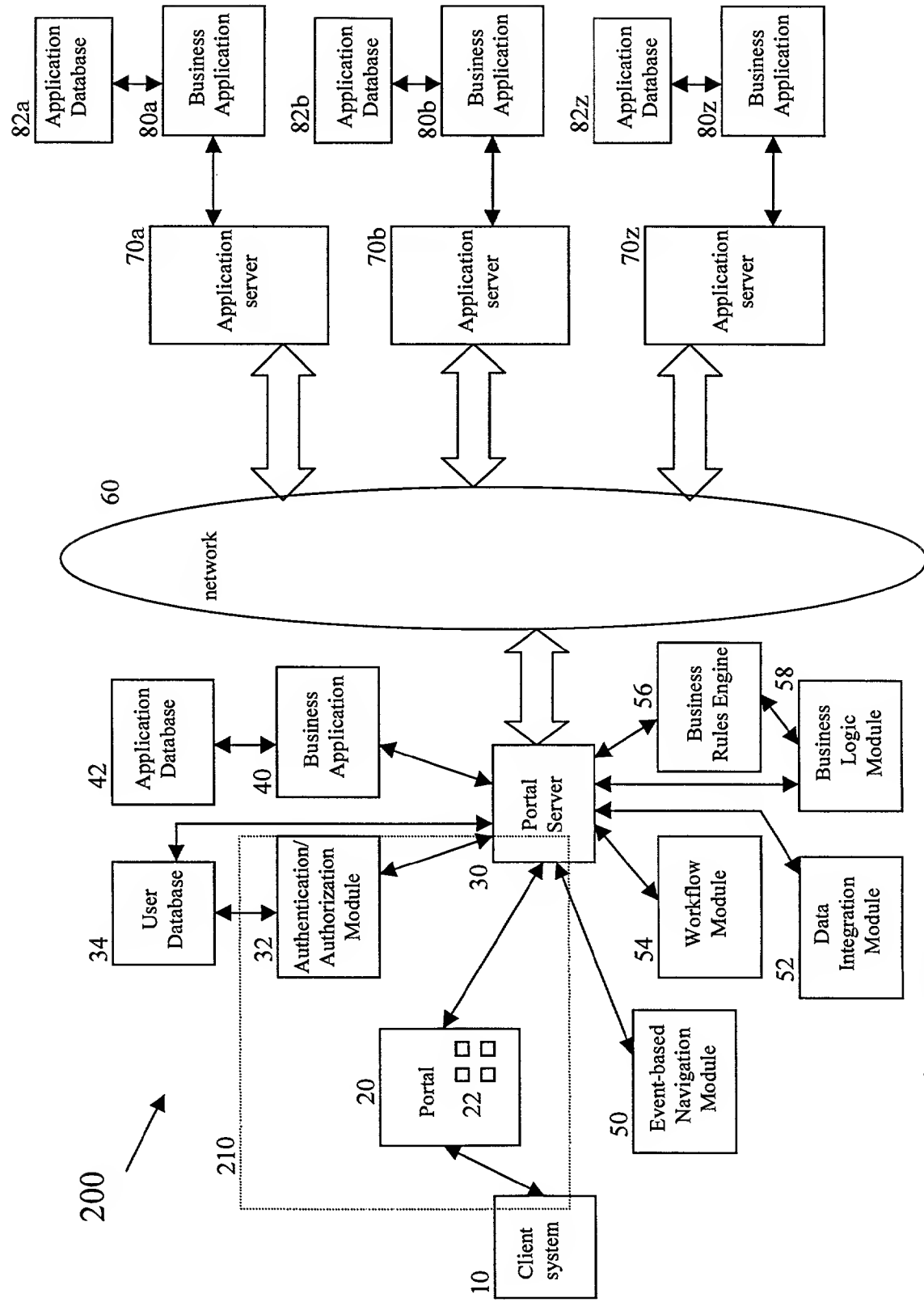


Figure 2

Figure 3

# Work and Life Events

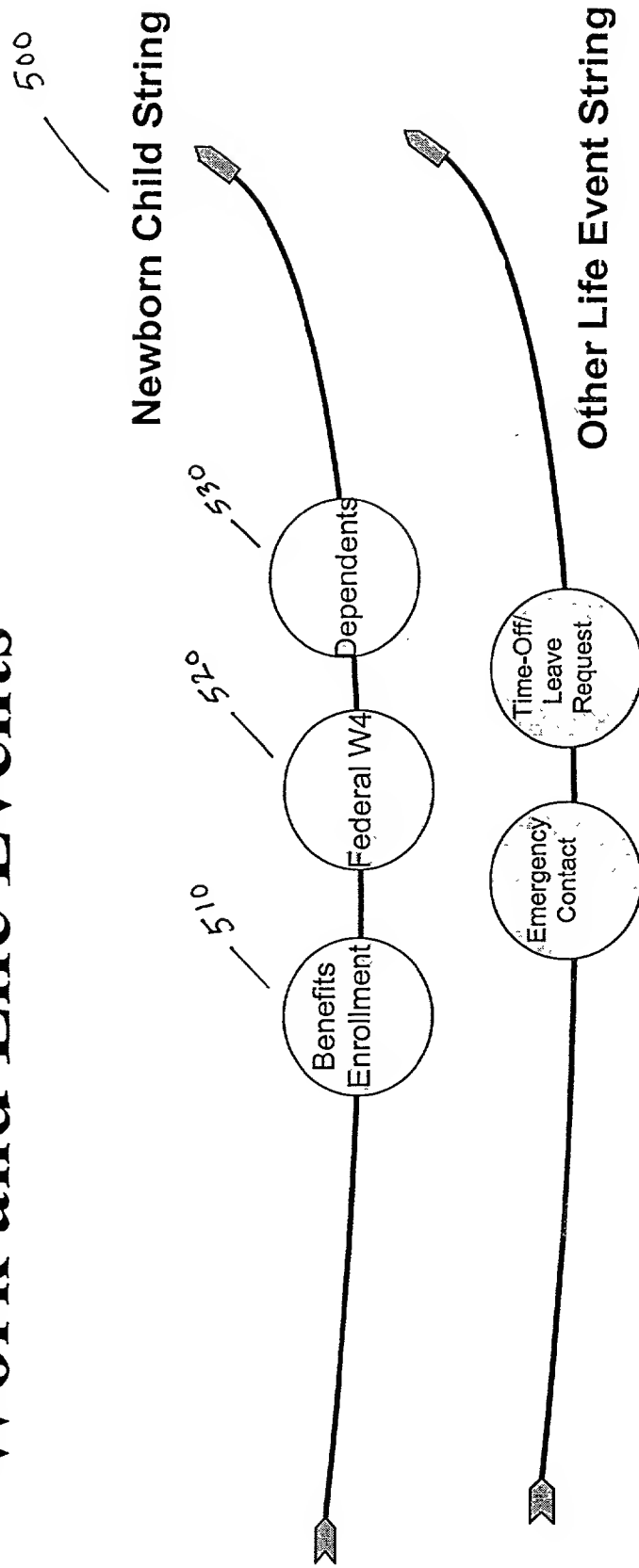




Figure 4

# Sample Screen - Home Page

20

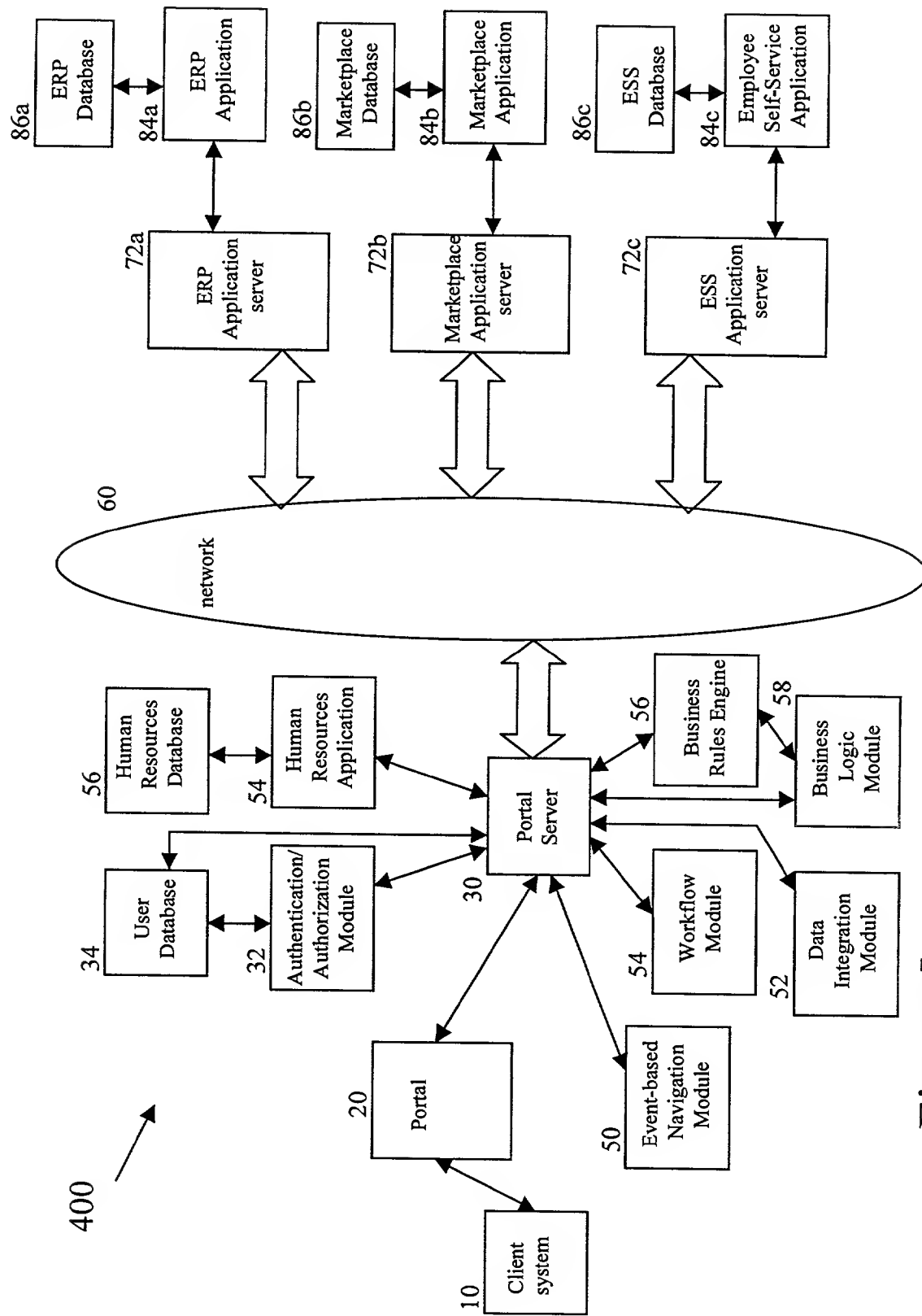


Figure 5

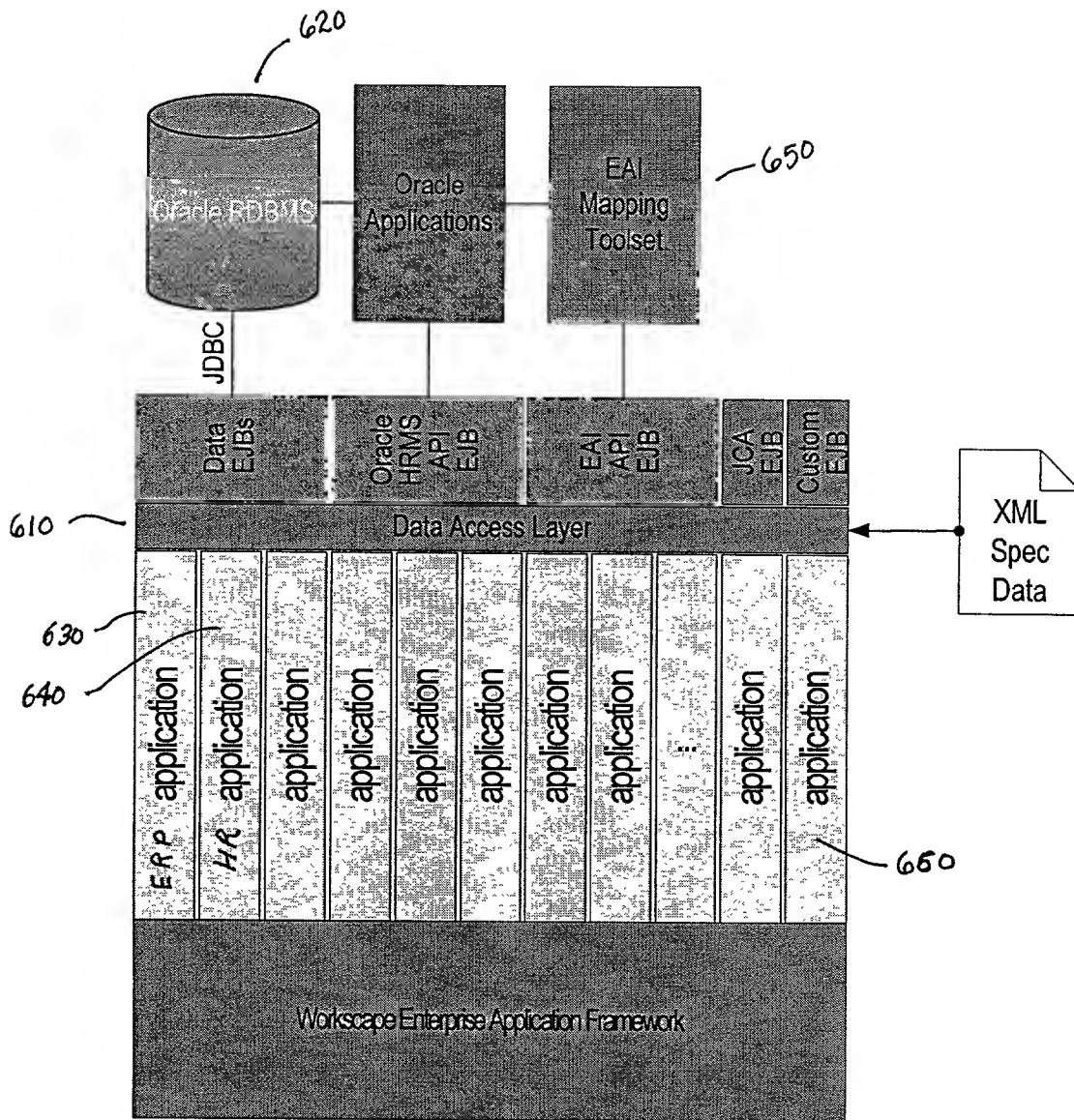


Figure 6

Figure 7

210

**elections**  
Confirm Your Elections

Please review the information below if you are satisfied with your selections and the dependents listed are correct and correct. Please answer the questions below and click the **CONFIRM** button at the bottom of the screen.

If you would like to make any changes, you may click the **MAKE CHANGES** button at the bottom of the screen, and re-enter any necessary information.

Employee: JOHN SMITH

Plan	Plan Details	Monthly Premium	Annual Premium	Cost for Employee	Cost for Family
Medical	Active Elect Choice Employee Part One		\$18.51		
Dental	High Option Employee Only		\$2.78		
Vision	High PPO Dental Plan		\$0.00		
Term Life	Term Coverage		\$0.00		\$0.00
Spouse Life	Term Coverage		\$0.00		\$0.00
Voluntary Child Life	Term Coverage		\$0.00		\$0.00
Voluntary Accidental Death and	Term Coverage		\$0.00		\$0.00
Disability Insurance	Term Coverage		\$0.00		\$0.00
Health Care Spending Account	Not Participating		\$0.00		\$0.00
Dependent Care Spending Account	Not Participating		\$0.00		\$0.00
<b>TOTAL COST</b>			<b>\$21.29</b>		

22 —

22 —

22 —

Please answer the following questions to help us evaluate the enrollment process.

- How was the on-line enrollment process?
  - ☐ Very Easy
  - ☐ Easy
  - ☐ Average
  - ☐ Difficult
  - ☐ Very Difficult
- How would you rate the instructions?
  - ☐ Very Easy
  - ☐ Easy
  - ☐ Average
  - ☐ Difficult
  - ☐ Very Difficult
- How long did it take to enroll?
  - ☐ 1-5
  - ☐ 6-10
  - ☐ 11-15
  - ☐ 16-20
  - ☐ 20+
- Do you have previous experience on-line?
  - ☐ Yes
  - ☐ No

**CONFIRM** **MAKE CHANGES**

240  
Summary App

250  
Dependent App

260  
Survey App